

<u>APPLICATION FOR COMMERCIAL PEDAL CAR BUSINESS LICENSE</u>

COVERING THE PERIOD OF APRIL1,20 ____ THROUGH MARCH 31, ,20____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name of Company				State ID Number			
Address:		City, State & Zip:					
Circle One : Is This A	Cell Phone:		Work Phone:	Federal ID Number			
Corporation/Partnership/Individual	Cen rhone.		work Filone.	rederal ID Number			
corporation, rarthership, marvidaar							
Name, address, and phone number of person(s) in Corporation/Partnership/Individual							
Name, address, and phone number of person(s) in Corporation/Partnership/Individual							
Name, address, and phone number of person(s) in Corporation/Partnership/Individual							
(Attach A Separate Piece of Paper if More Space is Needed)							
THE FOLLOWING ITEMS <u>MUST</u> BE COMPLETE AND/OR ACCOMPANY THE COMPLETED APPLICATION							
Number of vehicles to be licensed:	Veh	icle #	1 Description				
Wiltels #2 Decedation	77.1.	• -1 - 11	2 D				
Vehicle #2 Description		Vehicle #3 Description					
Street Restrictions: Pedal Cars May <u>Not</u> be On the Following City Streets:							
Broadway/Second Street SW/Second Street SE/Civic Center Drive							
1. A copy of an authorized bicycle Mechanic's Inspection of the Vehicle will be attached annually.							
2. License fee:\$50.00 per year per vehicle							
3. Certificate of insurance covering the following:							
Not less than \$1,000,000.00 for each occurrence							
 Not less than \$2,000,000.00 aggregate for both bodily injury and property damage liability to cover claims 							
for injury or damage resulting or arising from the actions of the licensee, it's officers, employees or agents							
during the term of the franchise.							
 If employer, proof of worker's compensation coverage (Minnesota Statute 176.182) 							
Make check or money order payable to	-			-			
4th Street SE, Rochester, MN 55904. Upo	n issuance of the lic	ense,	license plates will be	e made available for each			
vehicle.							
Signature of Applicant				Date of application			

Please visit our website at www.rochestermn.gov for the Ordinance related to Pedal CarBusiness License.

RIGHTS OF SUBJECTS OF GOVERNMENT DATA LICENSE AND PERMIT DATA "TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION (MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the deferred assessment program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

То	exercise these rights, contact the City Clerk's Office, Room135, City Hall, Rochester, Mn. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)	(Date)	

White Copy - City Clerk's Office

Buff Copy - Applicant